

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

Name of Lobbyist(s) George W. Roussos		OCT 25 2017	
II. Name of lobbyist's partnership, firm or corporati	on, if any:		NEW HAMPSHIRE
Orr & Reno, P.A.			DEPARTMENT OF STATE
(Name of partnership, firm or corporation))		
AE C Main Ct DO Boy 2550 C	longord	NH	03302
45 S. Main St. PO Box 3550 C Business Address: (Street) (Town/	oncord	(State)	(Zip Code)
	• /		• • •
$(603) \ \underline{224 - 2381} \qquad (603) \ \underline{224 -}$	2318 (Fax)	e-mail grousso	os@orr-reno.com
(Telephone)	(Fax)		
III. This statement covers: (Choose one – file separat reportable expense transactions which are not attrib			file a separate report for
All reportable transactions occurring in the months p	orior to the rep	orting date relative to the	following client:
Insurance Services Office, Inc			
(Full Name of Client as it appears o	n the Lobbyist I	Registration Form)	
OR ☐ All reportable transactions by the lobbyist (including unrelated to any particular client.	the lobbyist's	family), or the lobbying	firm listed below which are
IV. Date of Report April 26, 2017 Reports cover: activity from date of registration to 3/31/1	7 activ	July 26, 2017 ity from 4/1/17 to 6/30/17	
October 25, 2017 A activity from 7/1/17 to 9/30/17	acti	January 31, 2018 [] vity from 10/1/17 to 12/31/1	7
V. There have been no fees received and no reposit this box is checked, complete just this form and submit Concord, NH 03301.			
VI. Check if additional reports are attached:			
If you have received fees or made expenditures, you	ı must file Ado	dendum A- Fees and Exp	enses
 If you have paid an honorarium or reimbursed expense Reimbursement 	nses, you must	file Addendum B – Rep	ort of Honorariums or
☐ If you, your firm, or your family has made political	contributions,	you must file Addendun	n C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 66 and complete to the best of my knowledge and belief. (Signature of lobbyist)	4 and hereby s	twear or affirm that the for $\frac{10/25/17}{\text{(Date)}}$	
George W. Roussos (Print Name of Johnvist)			
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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

I. Name of Lobbyist(s) George W. Roussos		
II. Name of lobbyist's partnership, firm or corporation, if any:		
Orr & Reno, P.A.		
(Name of partnership, firm or corporation)		
III. Name of Client Insurance Services Office, Inc.	Date _1	.0/25/17
 IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The gro reduced by any expenses: a) Total of all fees received in this reporting period b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar yee c) Total of all fees received to date (Add lines a and b) d) Indicate the amount of any such fees that are due, but have not yet been paid 	a) \$ b) \$ c) \$	r public relations services
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	lient and if nay be filed aggregate penses; (b) e: meals pu es than \$10 d with a val rting period e of greater r than \$25, expense re	expenditures are made by a for the lobbyist(s)/firm total of all expenses paid the aggregate total of all rchased during a business that is given to the person lue of \$25.00 or less); and of greater than \$25.00 for than \$25, purchase of a but not greater than \$50 simbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported		0.00
in a), of \$25 or less.		
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period	d) \$	0.00
(Add lines a, b and c)		
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	50.00
f) Total of all expenses year to date	f) \$	50.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees du	ring this reporting
Paid to:	Amount:	
	\$	was the state
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the fore	going information
In M nm	10/25/	17
(Signature of lobbyist)	(Dat	
George W. Roussos		
(Print Name of lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corpo	oration: Orr & Reno, P.A.
Name of Client (leave blank if Statement is for	or the partnership, firm, or corporation and not related to any
particular client): Insurance Service	es Office, Inc.
Date of Report (check one):	
April 26, 2017	October 25, 2017 🖾 January 31, 2018 🗆
	he Statement of Income and Expenses described above, and at Statement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing in complete to the best of my knowledge and be (Signature of lobbyist)	nformation on the Statement and each Addendum is true and lief. 10/25/17 (Date)
George W. Roussos	
(Print Name of lobbyist)	